

**PROJECT WORKSHEET****PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 90 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). Submission of the form is required to obtain benefits under the Public Assistance Program. **NOTE:** Do not send your completed form to this address.

DISASTER FEMA _____ - _____ -WA _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
DAMAGED FACILITY			WORK COMPLETE AS OF: _____ : _____ %	

APPLICANT	COUNTY
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LOCATION	LATITUDE	LONGITUDE
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DAMAGE DESCRIPTION AND DIMENSIONS
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SCOPE OF WORK
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Does the Scope of Work change the pre-disaster conditions at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Considerations issues included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard Mitigation proposal included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there insurance coverage on this facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PROJECT COST**

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
				<b>TOTAL COST</b>	

PREPARED BY	TITLE	SIGNATURE
APPLICANT REP.	TITLE	SIGNATURE